



**COMMUNICATION ACCESS REAL-TIME TRANSLATION (CART)
SERVICE REQUEST FORM**

PLEASE FAX TO: City of Los Angeles Department on Disability
Disability Access and Services Division
(213) 202-2715 FAX

For any questions, please contact DOD at (213) 202-2764 Voice or (213) 202-2755 TTY.

APPOINTMENT DATE:

TIME:

☐ AM

☐ PM

TO:

☐ AM

☐ PM

REQUESTED BY:

PHONE:

DEPARTMENT:

BUREAU:

LOCATION OF EVENT:

ADDRESS:

ROOM: CITY:

STATE: ZIP:

CROSS STREET:

PARKING:

CONTACT PERSON:

PHONE:

PROGRAM PARTICIPANT:

SITUATION:

☐ ONE-ON-ONE

☐ STAGE OR PLATFORM

☐ SMALL GROUP

☐ LARGE

THE HOSTING DEPARTMENT WILL PROVIDE ONE OF THE FOLLOWING:

☐ T.V. MONITOR

☐ PROJECTOR SCREEN

☐ LCD PROJECTOR

☐ OTHER _____

SPECIAL INSTRUCTIONS: _____

NAME OF PROGRAM/ACCOUNT FUND:

XXX 504/ADA

 OTHER

DEPARTMENT: on Disability

DIVISION/BUREAU: Disability Access and Services

ADDRESS: 201 N. Figueroa Street

SUITE: 100

CITY: Los Angeles

STATE: CA

ZIP: 90012

ATTENTION: _____

AUTHORIZED BY: _____

DATE: _____

OFFICE APPROVAL: _____

DATE: _____